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ABSTRACT

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Test User Qualifications: Who Can Use What Tests?

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Chapter 32
Test User Qualifications
Who Can Use What Tests?

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Many individuals working in education-related professions have a variety of needs for educational and psychological test results regarding their students or clients. This chapter addresses school counselors' use of tests in educational settings and the right to test as a competency-based issue. Although the subject appears on the surface not to be controversial, a history of debate exists as to which professionals should administer various tests.

Staffing, local norms, and state and local rules often dictate what is usually a hierarchy of test use within school systems. School counselors tend to administer achievement tests and career inventories. They also may administer group intelligence tests and, in some locations, individual intelligence tests. School counselors are trained to interpret test results to students, parents, and other educators. All modern counselor education programs require a variety of courses that qualify school counselors to administer, score, and interpret tests. Master's degree programs prepare school counselors to use test results for diagnosis, treatment formulation, educational planning or remediation, and consultation with stakeholders.

In terms of diagnostic use of tests school counselors most frequently use educational and intelligence test results for diagnosis of educational problems. Even though diagnosis is often thought to be a medical or strictly psychological term, in many cases school counselors certainly make psychological diagnoses based upon the integration of test data. School district policies generally ask school counselors to refer students with serious psychological disorders for more specialized treatment. Even if psychological diagnosis is not frequent, however, school counselors sometimes have serious cases in which they must give informed referrals based on interpretation of some psychological tests. The need to refer is more often due to the multiple roles that a school counselor performs and the time these many roles take than to a lack of training or ability to work with these students.

Once the school counselor has made a diagnosis or identified a problem, this information is typically used to create an action plan for remediation or other supportive measures. Usually, the student, parents, teachers, and other educational support personnel work as a team to determine and implement the plan.

Ethical Issues in Test Administration

Training is one of the most important considerations whenever counselors or other professionals use tests to gain insight into a diagnosis and formulate a treatment plan. For all professions involved in testing, the professional body or organization charged with regulating that profession should mandate specific requirements of study to prepare members to use tests as part of their practice. In addition, it is imperative that codes of ethics address the concept that professionals do not practice beyond their scope of training, and those codes should also include test-specific conditions of ethical practice. For counselors, an example can be found in the 2001 Standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2001) which delineates coursework that constitutes appropriate training in testing for counselors:

> 7. ASSESSMENT – studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following: . . .
>
> b. basic concepts of standardized and nonstandardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods. (pp. 9–10)

The 2001 CACREP standards also directly address the expected requirements for school counselors regarding preparation for testing:

> C. KNOWLEDGE AND SKILL REQUIREMENTS FOR SCHOOL COUNSELORS
>
> 1. Program Development, Implementation, and Evaluation:
>
> a. use, management, analysis, and presentation of data from school-based information (e.g., standardized testing, grades,

> enrollment, attendance, retention, placement), surveys, interviews, focus groups, and needs assessments to improve student outcomes. (p. 30)

In addition, the National Board for Certified Counselors (NBCC, 1997) addresses testing ethics:

> Section C: Measurement and Evaluation:
> 1. Because many types of assessment techniques exist, certified counselors must recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training or supervision.
> 2. Certified counselors who utilize assessment instruments to assist them with diagnoses must have appropriate training and skills in educational psychological measurement, validation criteria, test research, and guidelines for test development and use. (p. 5)

In February 1996, the Fair Access Coalition for Testing (FACT) was formed to protect the public and the rights of test professionals to use tests based on the level of competency to administer and interpret the tests each professional chooses. FACT operates under the assumption that training and proven competency, rather than professional degree held, should determine whether a testing professional has the right to administer and interpret a psychological test. The mission of FACT is "to protect fair access to psychological and educational tests by properly trained professionals to better serve the public" (FACT, 2000, website home page).

In January 2002, the National Fair Access Coalition on Testing (FACT, 2002) released a document for public review that is intended for all professionals and is meant to be used as a model for future sections of codes of ethics that address testing. The current FACT Model Code of Ethics is as follows (available from www.fairaccess.org/code_of_ethics.htm):

> TEST SELECTION
> 1) In choosing a particular test, the assessment professional (hereafter "test user") is responsible for reviewing test manuals or materials to ascertain the test's applicability in measuring a certain trait or construct. The manual should

fully describe the development of the test, the rationale, and data pertaining to item selection and test construction. The manual should explicitly state the purposes and applications for which the test is intended, and provide adequate reliability and validity data about the test. The manual should furthermore identify the qualifications to properly administer and interpret the test.

2) In selecting a particular combination of tests, the test user needs to document and justify the logic of the choice(s).
3) Test users avoid using outdated or obsolete tests, and strive to remain current regarding test publication and revision.
4) Tests selected for individual testing must be appropriate for that individual, i.e., appropriate norms exist for variables such as age, gender, ethnicity, and race. The test form must fit the client. If the test must be used in the absence of available information regarding the above sub samples, the limitations of generalizability should be duly noted.

TEST USER QUALIFICATIONS

1) Test users employ only those tests for which they are competent by training, education, or experience. In familiarizing themselves with new tests, test users thoroughly read the manual and pertinent materials, and attend workshops, supervision, or other forms of training.
2) Test users must be able to document appropriate education, training, and experience in areas of assessment they perform.
3) Professionals who supervise others should ensure that their trainees have sufficient knowledge and experience before utilizing the tests for clinical purposes.
4) Supervisors ensure that their supervisees have had adequate training in interpretation before entrusting them to evaluate the test results in a semi-autonomous fashion.

TEST ADMINISTRATION

1) Tests should only be employed in appropriate professional settings or as recommended by instructors or supervisors for training purposes. It is best to avoid giving tests to relatives, close friends, or business associates in that doing so constructs a dual professional/personal relationship, which is to be avoided.

2) Test users make every effort to provide necessary information to the client prior to the testing session. The client should be informed of the length of time required, any special requirements as to their medications (or not taking them), the cost involved, and, in a medical situation, the need for any preauthorization from a third party payer.
3) The test user provides the test taker with appropriate information regarding the reasons for assessment, the approximate length of time required, and to whom the report will be distributed. Issues of confidentiality must be addressed, and the client given the opportunity to ask questions of the examiner prior to beginning the procedure.
4) Care is taken to provide an appropriate assessment environment in regard to temperature, privacy, comfort, and freedom from distractions. Any deviations should be recorded in any written documentation pertaining to the evaluation.
5) Information is solicited regarding any possible impairment such as problems with visual or auditory acuity, limitations of hand/eye coordination, illness, or other factors. If the disabilities cannot be accommodated effectively, the test should not be administered at that time. The test taker may need to be referred to an assessment professional who specializes in evaluation of individuals with that particular disorder. Alternatively, if testing is accomplished with the instruments at hand, limitations of the applicability of the test results should be clearly noted in the test report.
6) Test users familiarize themselves with instructions for administration of a test and follow them carefully in order to insure accurate and valid results. Failure to follow the instructions for administration will result in decreased accuracy of estimates for the trait or behavior being measured. Any deviations from the instructions for test administration should be documented.

TEST INTERPRETATION

1) Interpretation of test or test battery results should be based on multiple sources of convergent data and an understanding of the tests' foundations and limits. If tests of a similar nature are used in a test battery, test users should address any known correlational data.

2) Test users do not make conclusions unless test results (not just history) are present to justify those conclusions. If such evidence is lacking, test users should not make diagnostic or prognostic statements.
3) Interpretation of test results should take into account any qualitative influences on test taking behavior, such as health, energy, motivation, and the like. Description and analysis of alternative explanations should be provided with the interpretations.
4) Test users do not make firm conclusions in the absence of published information establishing a satisfactory degree of test validity, particularly predictive validity. Test users should not imply that a relationship exists between test results, prescribed interventions, and desired outcomes unless empirical evidence for that relationship exists.
5) Multicultural factors must be considered in test selection, interpretation, diagnosis, as well as the formulation of prognosis and treatment recommendations.
6) Test users avoid biased or incorrect interpretation by assuring that the test norms match the population taking the test.
7) Test users who have the responsibility for making decisions about clients or policies based on test results should have a thorough understanding of applicable assessment and therapeutic theory, methodology, and research.
8) Test users should accurately report results regardless of any individuals or groups who may have a vested interest in decisions influenced by test interpretation.

TEST REPORTING

1) Test users write reports in a clear fashion, avoiding jargon or clinical terms that are likely to confuse the lay reader.
2) Test users strive to provide test results in as positive and nonjudgmental manner as possible.
3) Mindful that one's report reflects on the reputation of oneself and one's profession, reports are carefully proofread so as to be free of spelling, style, and grammatical errors as much as is possible.
4) Clients are clearly informed as to who will be allowed to review the report and, in the absence of a valid court order, must sign appropriate releases of information permitting

such release. The test user must not release the report or findings in the absence of the aforementioned releases or order.

5) Test users are responsible for ensuring the confidentiality and security of test reports, test data, test materials, and any transmission of data or reports, whether electronic or by mail. Clients should be informed of how their test data is securely stored.
6) Test users must offer the client the opportunity to receive feedback about the test results and interpretations, and the sources of error and limitation for such data.
7) The test user trains his or her staff to protect the security of test reports in the context of producing, preparing, storing, retrieving, and transmitting them.

COMPUTERIZED OR WEBSITE TESTING

1) When using computerized tests, the test user makes sure that he or she has the appropriate documentation necessary to choose the right test for the purpose.
2) The test user explains to the client the limits of reliability and validity posed by a computerized interpretation format.
3) Any provision of computerized test results to the client is accompanied by a professional interpretation of the results.
4) A professional offering computerized testing through a website must provide appropriate encryption and firewall protection to insure confidentiality of results. Limits of applicability should be provided and explained. Clear explanations regarding the purpose of the test and requirements for taking the test are presented.
5) Test users are responsible for evaluating the quality of computer software that scores and interprets test data. The test user should obtain information regarding validity of computerized test interpretation and review it carefully before utilizing such an approach. Computerized interpretation services should be able to demonstrate that their programs are based on sufficient and appropriate research to establish the validity of the programs and procedures used in arriving at interpretations. Any limitations in applicability should be noted in the report or feedback session.

In the most comprehensive review of testing language within professional codes of ethics, Vacc, Juhnke, and Nilsen (2001) discuss the thoroughness of community mental health service providers' handling of the issue. In this article, the authors compare the codes of ethics of 13 professional organizations and find that some professional codes of ethics clearly address testing more thoroughly than others. The point of their article is that all professions should clearly address the issue of testing as a proactive and constructive way to monitor the use of tests by their professionals.

Levels of Tests

Many test publishing companies use a three-level system to categorize psychological tests, using designations developed by the American Psychological Association in the 1950s. The historical basis for this designation emanates from an early attempt to delineate need for training, not restriction of access. The APA has not promulgated the three-letter classification rubric in decades, yet test publishers, having no better ideas for quality control, continue to use these designations. Most note training standards for their tests and allow individual professionals who do not meet the classification rubric to document the nature of their training and their qualifications in order to buy instruments for use.

School counselors probably administer the highest volume of tests in schools. The majority of their testing duties involve large group testing with level A or level B tests. Level A tests comprise group educational, vocational, or intelligence tests, and structurally simple individual tests. In general, level A instruments require little training to administer, score, or interpret. Level B instruments are more complicated to use and generally are more sophisticated in development and philosophical basis. Accurate interpretation of these tests often requires not only theoretical background but also some knowledge of psychometric principles.

Counselors and any other professionals using level C instruments should be able to prove thorough knowledge, training, and practice in administration. These tests require the most sophisticated level of training. Controversy is ongoing regarding the use of level C tests by professionals other than doctoral-level psychologists, but no professional guidelines prohibit any well-trained professional from using these tests. Doctoral-level psychologists and school psychologists (with entry degree at the specialist level) have little problem meeting

all criteria for approval to purchase level C tests. This is generally also the case for all master's level professions such as counseling psychologists, speech and hearing specialists, social workers, educational diagnosticians, and special education teachers.

The Association of Test Publishers, a well-organized and venerable group of more than 200 test publishing companies, has no statement regarding the levels of tests. As a member of FACT, they do however endorse the FACT principle of training, not profession, as the key indicator of access to test use.

Conclusion

School counselors first entered the testing arena en force when the space race created a national urgency to classify students' potential to compete in scientific fields. Group testing, often of hundreds of students at one time, was the norm, and interpretation generally related to explaining normative results or passing scores on to administrators. This introduction to the testing world was inauspicious in technique, but the sheer volume of millions of administrations caught the attention of testing companies. School counselors and administrators became the "buyers" in an industry that was expanding exponentially.

Perhaps the volume of level A tests and their administration by counselors was in the end detrimental to current users' rights. Being associated with one class of test that was important to U.S. schools left counselors little time to use or train in the higher level tests. Therefore, the realm of level C tests was simply not a relevant area for many testing professionals other than psychologists. When master's level professional training became more clinical in nature, these newly trained professionals began breaching the turf of level C testing. Further, at the same time that many professions were beginning to use level C tests, the general acceptance and use of psychological tests increased. Simply put, there was so much testing in the 1970s that psychologists could not possibly meet the demand, and master's level professionals were hired for testing positions. Insurance companies began to rely on quantitative test results for making reimbursement decisions. Before long, psychologists' almost sole command of the domain of testing had eroded. Today, school counselors enjoy more freedom to use tests and test results for their practice. This brings with it greater responsibility for appropriate training and use. Meanwhile, however, who should use what tests continues to be debated in state legislatures across the United States.

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✦ Document is included in the Anthology of Assessment Resources CD

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